

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF NORTH CAROLINA

Case number (if known) _____ Chapter 7☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/24

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Surround Medical Systems, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 47-3239390

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

**175 Southport Drive
Suite 900
Morrisville, NC 27560**

Number, Street, City, State & ZIP Code

P.O. Box, Number, Street, City, State & ZIP Code

Wake

County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) _____

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify: _____

Debtor **Surround Medical Systems, Inc.**
Name

Case number (if known)

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

3450**8. Under which chapter of the Bankruptcy Code is the debtor filing?****Check one:**☒ Chapter 7☐ Chapter 9☐ Chapter 11. **Check all that apply:**

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 4/01/25 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No.☐ Yes.

If more than 2 cases, attach a separate list.

District _____

When _____

Case number _____

District _____

When _____

Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?☒ No☐ Yes.

Debtor **Surround Medical Systems, Inc.** Case number (if known) _____

Name

List all cases. If more than 1,
attach a separate listDebtor _____ Relationship _____
District _____ When _____ Case number, if known _____**11. Why is the case filed in this district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes.

Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds**

Check one:

☐ Funds will be available for distribution to unsecured creditors.☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.**14. Estimated number of creditors**☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☒ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **Surround Medical Systems, Inc.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **October 25, 2024**
MM / DD / YYYY**X /s/ Elizabeth Sullivan**

Signature of authorized representative of debtor

Elizabeth Sullivan

Printed name

Title **EVP / COO****18. Signature of attorney****X /s/ Jason L. Hendren**

Signature of attorney for debtor

Date **October 25, 2024**

MM / DD / YYYY

Jason L. Hendren

Printed name

Hendren, Redwine & Malone, PLLC

Firm name

**4600 Marriott Drive
Suite 150
Raleigh, NC 27612**

Number, Street, City, State & ZIP Code

Contact phone **(919) 420-7867**Email address **jhendren@hendrenmalone.com****NC State Bar 26869 NC**

Bar number and State

Fill in this information to identify the case:Debtor name Surround Medical Systems, Inc.United States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 25, 2024**X /s/ Elizabeth Sullivan**

Signature of individual signing on behalf of debtor

Elizabeth Sullivan

Printed name

EVP / COO

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **Surround Medical Systems, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 266,011.87
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 266,011.87

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 1,255,047.91
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 15,313.06
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 776,357.81
4. Total liabilities Lines 2 + 3a + 3b	\$ 2,046,718.78

Fill in this information to identify the case:Debtor name Surround Medical Systems, Inc.United States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Bank of AmericaChecking6450\$25,520.87**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$25,520.87**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. Southport Business Park - Security Deposit\$27,667.007.2. Duke Energy - Utility Deposit\$4,392.00**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Debtor Surround Medical Systems, Inc. Case number (If known) _____
 Name

Work in Progress

Full inventory available
upon request

February 2024

\$0.00

\$4,857.00

21. **Finished goods, including goods held for resale****Finished goods**

Full inventory available
upon request

February 2024

\$0.00

\$41,274.00

22. **Other inventory or supplies**23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$54,256.00

24. **Is any of the property listed in Part 5 perishable?**☒ No☐ Yes25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**☒ No☐ Yes. Book value _____ Valuation method _____ Current Value _____26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**☒ No☐ Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**☒ No. Go to Part 7.☐ Yes Fill in the information below.**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes Fill in the information below.**General description**

**Net book value of
debtor's interest**
(Where available)

**Valuation method used
for current value**

**Current value of
debtor's interest**

39. **Office furniture****Miscellaneous furniture**

\$0.00

\$8,950.00

40. **Office fixtures**

**Lead box, Lead room and Samsung
Refrigerator**

\$0.00

\$5,750.00

41. **Office equipment, including all computer equipment and
communication systems equipment and software****Miscellaneous equipment**

\$0.00

\$74,075.00

Debtor **Surround Medical Systems, Inc.**
Name

Case number (If known) _____

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**
Add lines 39 through 42. Copy the total to line 86.

\$88,775.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

General description

Include year, make, model, and identification numbers
 (i.e., VIN, HIN, or N-number)

**Net book value of
debtor's interest**
 (Where available)

**Valuation method used
for current value**

**Current value of
debtor's interest**

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

48. **Watercraft, trailers, motors, and related accessories** *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

Miscellaneous supplies

\$0.00**\$1,650.00**

51. **Total of Part 8.**
Add lines 47 through 50. Copy the total to line 87.

\$1,650.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No
☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.

Debtor Surround Medical Systems, Inc.
Name

Case number (If known) _____

☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets Granted patents (10) Pending patents (3)	\$0.00		Unknown
61. Internet domain names and websites portraydental.com portrayxray.com surround-medical.com surroundmed.com surroundmedical.com surroundmedicalsystems.com surroundmedsystems.com portraydental.net portrayxray.net	\$0.00		Unknown
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations Customer list created and available upon request	\$0.00		Unknown
64. Other intangibles, or intellectual property			
65. Goodwill			
66. Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			\$0.00
67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
68. Is there an amortization or other similar schedule available for any of the property listed in Part 10? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
69. Has any of the property listed in Part 10 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 11: All other assets**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.☒ Yes Fill in the information below.Current value of
debtor's interest**71. Notes receivable**

Debtor Surround Medical Systems, Inc.
Name

Case number (If known) _____

Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)
Net operating loss - specific information available upon request.

Tax year _____ **Unknown**

73. **Interests in insurance policies or annuities**
74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**
76. **Trusts, equitable or future interests in property**
77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No☐ Yes

Debtor Surround Medical Systems, Inc.
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$25,520.87</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$83,810.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$12,000.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$54,256.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$88,775.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$1,650.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$266,011.87</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$266,011.87</u>

Fill in this information to identify the case:Debtor name **Surround Medical Systems, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.☒ Yes. Fill in all of the information below.**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1	BS Investors, LLC Creditor's Name Attn: Managing Agent 2017 Fiesta Drive, Suite 201 Sarasota, FL 34231 Creditor's mailing address Creditor's email address, if known Date debt was incurred 1/15/24 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien All assets. Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,255,047.91 \$0.00

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$1,255,047.91
1**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:Debtor name **Surround Medical Systems, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Internal Revenue Service Centralized Insolvency Operations P.O. Box 7346 Philadelphia, PA 19101-7346 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice purposes only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00
2.2	Priority creditor's name and mailing address NC Department of Revenue Attn: Bankruptcy Unit P.O. Box 1168 Raleigh, NC 27602-1168 Date or dates debt was incurred Last 4 digits of account number 9390 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,270.38	\$0.00

Debtor **Surround Medical Systems, Inc.**

Case number (if known)

Name

2.3 Priority creditor's name and mailing address

Wake County Dept. of Revenue
Attn: Managing Agent
P.O. Box 2331
Raleigh, NC 27602

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$12,042.68**\$0.00**

Date or dates debt was incurred
12/31/23

Basis for the claim:

Last 4 digits of account number **1128**

Is the claim subject to offset?

Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No☐ Yes**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 Nonpriority creditor's name and mailing address

All American Relocation, Inc.
Attn: Managing Agent
5101 Trademark Drive
Raleigh, NC 27610

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$3,610.40

Date(s) debt was incurred _

Basis for the claim: _

Last 4 digits of account number _

Is the claim subject to offset? ☒ No ☐ Yes

3.2 Nonpriority creditor's name and mailing address

AT&T
Attn: Managing Agent
P.O. Box 5076
Carol Stream, IL 60197

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$750.34

Date(s) debt was incurred _

Basis for the claim: _

Last 4 digits of account number **0367**Is the claim subject to offset? ☒ No ☐ Yes

3.3 Nonpriority creditor's name and mailing address

CadenceSEO LLC
Attn: Managing Agent
1430 S Boulder Street, Unite A
Gilbert, AZ 85296

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$1,500.00

Date(s) debt was incurred _

Basis for the claim: _

Last 4 digits of account number _

Is the claim subject to offset? ☒ No ☐ Yes

3.4 Nonpriority creditor's name and mailing address

Charter Communications
Attn: Managing Agent
PO Box 223085
Pittsburgh, PA 15251

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$1,399.00

Date(s) debt was incurred _

Basis for the claim: _

Last 4 digits of account number **6901**Is the claim subject to offset? ☒ No ☐ Yes

3.5 Nonpriority creditor's name and mailing address

Dental Trade Alliance
Attn: Managing Agent
4350 Fairfax Drive, Suite 650
Arlington, VA 22203

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$2,250.00

Date(s) debt was incurred _

Basis for the claim: _

Last 4 digits of account number _

Is the claim subject to offset? ☒ No ☐ Yes

Debtor	Surround Medical Systems, Inc. Name _____	Case number (if known) _____
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3.6	Nonpriority creditor's name and mailing address DentalTown.com LLC Attn: Managing Agent 9633 48th Street, Suite 200 Phoenix, AZ 85044 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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3.7	Nonpriority creditor's name and mailing address Dentistry Today Attn: Managing Agent 165 Passacie Avenue, Suite 202 Fairfield, NJ 07004 Date(s) debt was incurred _____ Last 4 digits of account number <u>3207</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,000.00
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3.8	Nonpriority creditor's name and mailing address Endeavor Business Media Attn: Managing Agent PO Box 306479 Nashville, TN 37230 Date(s) debt was incurred _____ Last 4 digits of account number <u>4001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,500.00
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3.9	Nonpriority creditor's name and mailing address First Part China Ltd No. 88 Shagand West Road Gangkou Town, Zhongshan City Guangdong, 528447 CN Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,911.00
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3.10	Nonpriority creditor's name and mailing address Foundry Commercial Attn: Managing Agent 2301 Sugar Bush Road, Suite 220 Raleigh, NC 27612 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82,383.75
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3.11	Nonpriority creditor's name and mailing address Giordano Halleran & Ciesla Attn: Managing Agent 125 Half Mile Road, Suite 300 Red Bank, NJ 07701 Date(s) debt was incurred _____ Last 4 digits of account number <u>1720</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$487.45
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3.12	Nonpriority creditor's name and mailing address Henry Schein Technology Attn: Managing Agent Dept. CH 14200 Palatine, IL 60055 Date(s) debt was incurred _____ Last 4 digits of account number <u>1103</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
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Debtor	Surround Medical Systems, Inc. Name _____	Case number (if known) _____
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3.13	Nonpriority creditor's name and mailing address Insight Attn: Managing Agent PO Box 731069 Dallas, TX 75373 Date(s) debt was incurred _____ Last 4 digits of account number <u>9786</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$22,099.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.14	Nonpriority creditor's name and mailing address Integrated Media Services Attn: Managing Agent 500 Craig Road, Suite 101 Manalapan, NJ 07726 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$73,490.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.15	Nonpriority creditor's name and mailing address Iron Mountain Attn: Managing Agent 2 Sun Court Norcross, GA 30092 Date(s) debt was incurred _____ Last 4 digits of account number <u>87D4</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$245.19 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.16	Nonpriority creditor's name and mailing address Kennon Craver Attn: Managing Agent 4011 University Drive, Suite 300 Durham, NC 27707 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$186.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.17	Nonpriority creditor's name and mailing address LexisNexis Attn: Managing Agent 28544 Network Place Chicago, IL 60673 Date(s) debt was incurred _____ Last 4 digits of account number <u>5DJC</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,527.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.18	Nonpriority creditor's name and mailing address Maxus Plan Solution Attn: Managing Agent 15720 Brixham Hill Avenue, Suite 30 Charlotte, NC 28277 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$562.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.19	Nonpriority creditor's name and mailing address Murgitroyd Attn: Managing Agent 165-169 Scotland St. Glasgow, G5 8PL Date(s) debt was incurred _____ Last 4 digits of account number <u>7245</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,909.28 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Surround Medical Systems, Inc.**

Case number (if known) _____

Name

3.20	Nonpriority creditor's name and mailing address NuRay 1F S. Blck, No.6 Blding No.1668 Huacheng Rd., Jintan Changzhou, Jiangsu 213200, Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97,050.00
3.21	Nonpriority creditor's name and mailing address Patterson Dental Supply Inc Attn: Managing Agent 1031 Mendota Heights Road Saint Paul, MN 55120 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
3.22	Nonpriority creditor's name and mailing address Phase2 Creative, LLC Attn: Managing Agent 9208 Clint Avenue Amarillo, TX 79119 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,996.00
3.23	Nonpriority creditor's name and mailing address Poskom 8th Floor, Poskom Tower 227 Sowon-Ro Deogyang-Gu, Goyang, Gyeonggi-Do Korea Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$388,000.00
3.24	Nonpriority creditor's name and mailing address PropelPLM, Inc. Attn: Managing Agent 835 Main Street Redwood City, CA 94063 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.25	Nonpriority creditor's name and mailing address Reynwood Communications Attn: Managing Agent 409 South Street #1128 Eatontown, NJ 07724 Date(s) debt was incurred _____ Last 4 digits of account number <u>2613</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$234.29
3.26	Nonpriority creditor's name and mailing address Salesforce Attn: Managing Agent 415 Mission Street, 3rd floor San Francisco, CA 94105 Date(s) debt was incurred _____ Last 4 digits of account number <u>2417</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,231.50

Debtor	Surround Medical Systems, Inc. Name _____	Case number (if known) _____
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3.27	Nonpriority creditor's name and mailing address Southport Business Park Attn: Managing Agent PO Box 936799 Atlanta, GA 31193 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,399.33
<hr/>			
3.28	Nonpriority creditor's name and mailing address Special Springs LLC 7707 Ronda Drive Canton, MI 48187 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,174.24
<hr/>			
3.29	Nonpriority creditor's name and mailing address State of NJ Attn: Managing Agent PO Box 929 Trenton, NJ 08646 Date(s) debt was incurred _____ Last 4 digits of account number <u>1828</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.28
<hr/>			
3.30	Nonpriority creditor's name and mailing address Talus Attn: Managing Agent 2816 South Adams Street Denver, CO 80210 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$318.50
<hr/>			
3.31	Nonpriority creditor's name and mailing address Thunderbird Molding Attn: Managing Agent L-4311 Columbus, OH 43260 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,533.29
<hr/>			
3.32	Nonpriority creditor's name and mailing address Transcat Attn: Managing Agent 30 Vantage Point Drive Rochester, NY 14624 Date(s) debt was incurred _____ Last 4 digits of account number <u>1807</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,984.50
<hr/>			
3.33	Nonpriority creditor's name and mailing address Xinvisio, LLC Attn: Managing Agent 312 Silver Creek Trl Chapel Hill, NC 27514 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,406.19

Part 3: List Others to Be Notified About Unsecured Claims

Debtor **Surround Medical Systems, Inc.**

Name

Case number (if known)

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts

5a. \$ **15,313.06**5b. + \$ **776,357.81**5c. \$ **791,670.87**

Fill in this information to identify the case:Debtor name **Surround Medical Systems, Inc.**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Non-exclusive right for Benco to sell Portray product**

State the term remaining

Expires 7/29/25

List the contract number of any government contract _____

**Benco Dental Supply Co
Attn: Managing Agent
295 Center Point Blvd
Pittston, PA 18640**2.2. State what the contract or lease is for and the nature of the debtor's interest **Non-Exclusive right for Dental Whale to display SMS logo and offer to sell Portray product**

State the term remaining

Expires 6/3/25

List the contract number of any government contract _____

**Dental Whale, LLC
Attn: Managing Agent
13621 NW 12th Street, Suite 120
Fort Lauderdale, FL 33323**2.3. State what the contract or lease is for and the nature of the debtor's interest **Confidentiality, non-solicit, right of use**

State the term remaining

Expires 3/10/25

List the contract number of any government contract _____

**Dr. David Landwehr, DDS
Attn: Managing Agent
2418 Crossroads Drive, Suite 2900
Madison, WI 53718**2.4. State what the contract or lease is for and the nature of the debtor's interest **Confidentiality, non-solicit, right of use**

State the term remaining

Expires 2/20/25

List the contract number of any government contract _____

**Dr. Diwakar Kinra, DDS
Attn: Managing Agent
5409 Gateway Center, Suite F
Flint, MI 48507**

Debtor 1 **Surround Medical Systems, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Confidentiality, non-solicit, right of use**

State the term remaining

Expires 6/23/25

**Dr. Erin Elliott, DDS
Attn: Managing Agent
313 N. Spokane St
Post Falls, ID 83854**

List the contract number of any government contract

2.6. State what the contract or lease is for and the nature of the debtor's interest **Confidentiality, non-solicit, right of use**

State the term remaining

4/25/25

**Dr. Michael Riccobene
Attn: Managing Agent
5638 NC Highway 42, Suite 214
Garner, NC 27529**

List the contract number of any government contract

2.7. State what the contract or lease is for and the nature of the debtor's interest **Confidentiality, non-solicit, right of use**

State the term remaining

Expires 6/19/25

**Dr. Steven Hernandez, DDS
Attn: Managing Agent
8134 Sawyer Brown Rd.
Nashville, TN 37221**

List the contract number of any government contract

2.8. State what the contract or lease is for and the nature of the debtor's interest **Non-Exclusive to Elite Dental**

State the term remaining

Termination upon dissolution or breach

**Elite Dental Alliance
Attn: Managing Agent
6900 Dallas Parkway, Suite 500
Plano, TX 75024**

List the contract number of any government contract

2.9. State what the contract or lease is for and the nature of the debtor's interest **Non-Exclusive to NCSD**

State the term remaining

Expires 5/1/25

**NC Services for Dentistry, Inc.
Attn: Managing Agent
1600 Evans Road
Cary, NC 27513**

List the contract number of any government contract

Debtor 1 **Surround Medical Systems, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.10. State what the contract or lease is for and the nature of the debtor's interest **Software licensing agreement**

State the term remaining

Expires 1/18/25

List the contract number of any government contract

Salesforce, Inc.
Attn: Managing Agent
415 Mission Street, 3rd Floor
San Francisco, CA 94105

2.11. State what the contract or lease is for and the nature of the debtor's interest **Office space lease**

State the term remaining

Expires 5/31/2028

List the contract number of any government contract

SBP Office Owner, LP
Attn: Managing Agent
PO Box 936799
Atlanta, GA 31193-6799

2.12. State what the contract or lease is for and the nature of the debtor's interest **Exclusive rights to SMS**

State the term remaining

Upon expiration of patents

List the contract number of any government contract

Xinvisio
Attn: Managing Agent
312 Silver Creek Trail
Chapel Hill, NC 27514

Fill in this information to identify the case:Debtor name Surround Medical Systems, Inc.United States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor*

Name	Mailing Address	Name	Check all schedules that apply:
2.1	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:Debtor name Surround Medical Systems, Inc.United States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****Sources of revenue**
Check all that apply**Gross revenue**
(before deductions and exclusions)**From the beginning of the fiscal year to filing date:**From **1/01/2024** to **Filing Date**☒ Operating a business**\$309,900.40**☐ Other _____**For prior year:**From **1/01/2023** to **12/31/2023**☒ Operating a business**\$219,060.00**☐ Other _____**For year before that:**From **1/01/2022** to **12/31/2022**☒ Operating a business**\$155,940.00**☐ Other _____**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**
Check all that apply

Debtor Surround Medical Systems, Inc.

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Edgewood Partners Insurance Center Attn: Managing Agent 499 Washington Blvd, 8th floor Jersey City, NJ 07310	9/9/24	\$10,194.34	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Corporate insurance</u>
3.2. EPIC Insurance Brokers Attn: Managing Agent PO Box 21501 New York, NY 10087	9/30/24	\$3,419.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Corporate insurance</u>
3.3. EPIC Insurance Brokers PO Box 21501 New York, NY 10087	9/1/24	\$5,350.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Corporate insurance</u>
3.4. Hamamatsu Corporation Attn: Managing Agent 360 Foothill Road PO Box 6910 Bridgewater, NJ 08807	8/1/24	\$64,160.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Settlement for close out of \$777k open PO</u>
3.5. Forvis Mazars Attn: Managing Agent PO Box 200870 Dallas, TX 75320	8/27/24	\$8,808.80	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Tax advisor</u>
3.6. Trinity Partners Attn: Managing Agent PO Box 936799 Atlanta, GA 31193	8/13/24	\$30,522.83	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Rent</u>
3.7. Trinity Partners Attn: Managing Agent PO Box 936799 Atlanta, GA 31193	9/5/24	\$30,522.83	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Rent</u>
3.8. Trinity Partners Attn: Managing Agent PO Box 936799 Atlanta, GA 31193	9/30/24	\$17,399.33	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Rent</u>

Debtor **Surround Medical Systems, Inc.**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.9. BS Investors, LLC Attn: Managing Agent 2017 Fiesta Drive, suite 201 Sarasota, FL 34231	10/24/24	\$120,000.00	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.10 EPIC Insurance Brokers PO Box 21501 New York, NY 10087	10/22/24	\$75,450.77	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>D&O three year tail insurance</u>
3.11 EPIC Insurance Brokers PO Box 21501 New York, NY 10087	8/15/24	\$244.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Corporate Insurance</u>
3.12 Xinvisio Attn: Managing Agent 312 Silver Creek Trail Chapel Hill, NC 27514	9/30/24	\$9,928.61	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Patent expense</u>
3.13 EPIC Insurance Brokers PO Box 21501 New York, NY 10087	8/5/24	\$1,694.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Corporate Insurance</u>

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a

Debtor **Surround Medical Systems, Inc.**

Case number (if known) _____

debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. GC Corporation v. Surround Medical Systems	Breach of contract	Singapore International Arbitration Ctr.	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
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Debtor **Surround Medical Systems, Inc.**

Case number (if known) _____

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Hendren, Redwine & Malone, PLLC 4600 Marriott Drive Suite 150 Raleigh, NC 27612	Retainer	10/10/24	\$5,000.00
	Email or website address			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1	Miscellaneous	Miscellaneous sales of inventory	January 2024 - August 2024	\$233,375.00
	Relationship to debtor			
13.2	Miscellaneous	Miscellaneous office furniture/supplies	August 2024 - October 2024	\$13,649.00
	Relationship to debtor			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

	Address	Dates of occupancy From-To
14.1.	215 Morris Avenue Spring Lake, NJ 07762	July 2019 - July 2023

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Debtor **Surround Medical Systems, Inc.**

Case number (if known) _____

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

401K-748112-01

Employer identification number of the plan

EIN: **473239930**

Has the plan been terminated?

- ☐ No
- ☒ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Manasquan Savings Bank Attn: Managing Agent 2221 Landmark Place Manasquan, NJ 08736	XXXX-5198	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other ___	1/18/24	\$500.00
18.2.	Bank of America Attn: Managing Agent PO Box 15284 Wilmington, DE 19850	XXXX-3112	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input checked="" type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other ___	9/11/24	\$25,004.60

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

Debtor **Surround Medical Systems, Inc.**

Case number (if known) _____

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
API Attn: Managing Agent 535 Mack Todd Road Zebulon, NC 27597	N/A	Tooling	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Thunderbird Molding Attn: Managing Agent I-4311 Columbus, OH 43260	N/A	Molds	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Superior Tooling Attn: Managing Agent 2800 Superior Drive Wake Forest, NC 27587	N/A	Tooling	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
University of Louisville Attn: Managing Agent 501 South Preston Street Room 149 Louisville, KY 40202	N/A	Portray Device	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
University of Maryland Attn: Managing Agent College Park Drive College Park, MD 20742	N/A	Portray Device	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
UNC Chapel Hill Attn: Managing Agent 104 Airport Drive Suite 2200, CB 1350 Chapel Hill, NC 27599-1351	N/A	Portray Device	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the

Debtor **Surround Medical Systems, Inc.**

Case number (if known) _____

medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. **Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. **Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. **Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. **Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
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26. **Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Thomas Gifford 175 Southport Drive Suite 900 Morrisville, NC 27560	4/1/2019-7/15/23
26a.2. Jessica Boyle 175 Southport Drive Suite 900 Morrisville, NC 27560	1/6/20 - present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

Debtor **Surround Medical Systems, Inc.**

Case number (if known) _____

☐ None

Name and address	Date of service From-To
26b.1. Mazars USA, LLP 501 501 Office Center Drive Suite 300 Fort Washington, PA 19034	12/31/22

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Elizabeth Sullivan 175 Southport Drive Suite 900 Morrisville, NC 27560	
26c.2. Jessica Boyle 175 Southport Drive Suite 900 Morrisville, NC 27560	
26c.3. Daren Ellis PO Box 1072 Wake Forest, NC 27588	
26c.4. Mazars USA, LLP 501 Office Center Drive Suite 300 Fort Washington, PA 19034	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address
26d.1. Med World Advisors
26d.2. Kevin Hess 2310 N. Hendersen Ave, PMB 718 Dallas, TX 75206
26d.3. Betsy Sullivan 175 Southport Drive Suite 900 Morrisville, NC 27560
26d.4. Jessica Boyle 175 Southport Drive Suite 900 Morrisville, NC 27560
26d.5. Mazars USA, LLP 501 Office Center Drive Suite 300 Fort Washington, PA 19034

Debtor **Surround Medical Systems, Inc.**

Case number (if known) _____

Name and address

26d.6. **EPIC Insurance Brokers**
PO Box 21501
New York, NY 10087

26d.7. **Rich Balot**
PO Box 2067
Greenville, NC 27836

26d.8. **Manuel Salvisberg**

26d.9. **Dan Clark**
30 Whitetail Lane
Chagrin Falls, OH 44022

26d.10. **Bank of America**
PO Box 15284
Wilmington, DE 19850

26d.11. **Giordano Halleran & Ciesla**
125 Half Mile Road
Suite 300
Red Bank, NJ 07701

26d.12. **Various potential acquirers**

26d.13. **All Shareholders - full list upon reqst**

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Elizbeth Sullivan	175 Southport Drive Suite 900 Morrisville, NC 27560	EVP, COO	0
Name	Address	Position and nature of any interest	% of interest, if any
Jessica Boyle	175 Southport Drive Suite 900 Morrisville, NC 27560	Corporate controller	0
Name	Address	Position and nature of any interest	% of interest, if any
Kevin Hess	2310 N. Hendersen Avenue PMB 718 Dallas, TX 75206	Board director	0
Name	Address	Position and nature of any interest	% of interest, if any
Rich Balot	PO Box 2067 Greenville, NC 27836	Board director	0

Debtor **Surround Medical Systems, Inc.**

Case number (if known) _____

Name	Address	Position and nature of any interest	% of interest, if any
Dan Clark	30 Whitetail Lane Chagrin Falls, OH 44022	Board director	3

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Manuel Salvisberg	6216 Mauensee Switzerland	Board director	10/2021-8/2024

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	DB4 Investments, LLC	2024 dividend issue - 9102 in shares	6/7/2024	
	Relationship to debtor			
30.2	RB4 Investments, LLC	2024 dividend issue - 9102 in shares	6/7/24	
	Relationship to debtor			
30.3	Elizabeth Sullivan 175 Soutpoort Drive Suite 900 Morrisville, NC 27560	\$173,450.61- Salary	9/15/23 to 10/25/24	
	Relationship to debtor Employee			
30.4	Jessica E. Boyle 175 Southport Drive Suite 900 Morrisville, NC 27560	\$100,216.86 - Salary	9/15/23 to 10/25/24	
	Relationship to debtor Employee			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

Debtor Surround Medical Systems, Inc.

Case number (if known) _____

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 25, 2024/s/ Elizabeth Sullivan

Signature of individual signing on behalf of the debtor

Elizabeth Sullivan

Printed name

Position or relationship to debtor EVP / COOAre additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

**United States Bankruptcy Court
Eastern District of North Carolina**

In re	<u>Surround Medical Systems, Inc.</u>	Case No.	_____
	Debtor(s)	Chapter	<u>7</u>

VERIFICATION OF CREDITOR MATRIX

I, the EVP / COO of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date:	<u>October 25, 2024</u>	<u>/s/ Elizabeth Sullivan</u>
		Elizabeth Sullivan/EVP / COO
		Signer/Title

All American Relocation, Inc.
Attn: Managing Agent
5101 Trademark Drive
Raleigh, NC 27610

Dentistry Today
Attn: Managing Agent
165 Passacie Avenue, Suite 202
Fairfield, NJ 07004

Foundry Commercial
Attn: Managing Agent
2301 Sugar Bush Road, Suite 220
Raleigh, NC 27612

AT&T
Attn: Managing Agent
P.O. Box 5076
Carol Stream, IL 60197

Dr. David Landwehr, DDS
Attn: Managing Agent
2418 Crossroads Drive, Suite 2900
Madison, WI 53718

Giordano Halleran & Ciesla
Attn: Managing Agent
125 Half Mile Road, Suite 300
Red Bank, NJ 07701

Benco Dental Supply Co
Attn: Managing Agent
295 Center Point Blvd
Pittston, PA 18640

Dr. Diwakar Kinra, DDS
Attn: Managing Agent
5409 Gateway Center, Suite F
Flint, MI 48507

Henry Schein Technology
Attn: Managing Agent
Dept. CH 14200
Palatine, IL 60055

BS Investors, LLC
Attn: Managing Agent
2017 Fiesta Drive, Suite 201
Sarasota, FL 34231

Dr. Erin Elliott, DDS
Attn: Managing Agent
313 N. Spokane St
Post Falls, ID 83854

Insight
Attn: Managing Agent
PO Box 731069
Dallas, TX 75373

CadenceSEO LLC
Attn: Managing Agent
1430 S Boulder Street, Unite A
Gilbert, AZ 85296

Dr. Michael Riccobene
Attn: Managing Agent
5638 NC Highway 42, Suite 214
Garner, NC 27529

Integrated Media Services
Attn: Managing Agent
500 Craig Road. Suite 101
Manalapan, NJ 07726

Charter Communications
Attn: Managing Agent
PO Box 223085
Pittsburgh, PA 15251

Dr. Steven Hernandez, DDS
Attn: Managing Agent
8134 Sawyer Brown Rd.
Nashville, TN 37221

Internal Revenue Service
Centralized Insolvency Operations
P.O. Box 7346
Philadelphia, PA 19101-7346

Dental Trade Alliance
Attn: Managing Agent
4350 Fairfax Drive, Suite 650
Arlington, VA 22203

Elite Dental Alliance
Attn: Managing Agent
6900 Dallas Parkway, Suite 500
Plano, TX 75024

Iron Mountain
Attn: Managing Agent
2 Sun Court
Norcross, GA 30092

Dental Whale, LLC
Attn: Managing Agent
13621 NW 12th Street, Suite 120
Fort Lauderdale, FL 33323

Endeavor Business Media
Attn: Managing Agent
PO Box 306479
Nashville, TN 37230

Kennon Craver
Attn: Managing Agent
4011 University Drive, Suite 300
Durham, NC 27707

DentalTown.com LLC
Attn: Managing Agent
9633 48th Street, Suite 200
Phoenix, AZ 85044

First Part China Ltd
No. 88 Shagand West Road
Gangkou Town, Zhongshan City
Guangdong, 528447 CN

LexisNexis
Attn: Managing Agent
28544 Network Place
Chicago, IL 60673

Maxus Plan Solution
Attn: Managing Agent
15720 Brixham Hill Avenue, Suite 30
Charlotte, NC 28277

Reynwood Communications
Attn: Managing Agent
409 South Street #1128
Eatontown, NJ 07724

Transcat
Attn: Managing Agent
30 Vantage Point Drive
Rochester, NY 14624

Murgitroyd
Attn: Managing Agent
165-169 Scotland St.
Glasgow, G5 8PL

Salesforce
Attn: Managing Agent
415 Mission Street, 3rd floor
San Francisco, CA 94105

Wake County Dept. of Revenue
Attn: Managing Agent
P.O. Box 2331
Raleigh, NC 27602

NC Department of Revenue
Attn: Bankruptcy Unit
P.O. Box 1168
Raleigh, NC 27602-1168

Salesforce, Inc.
Attn: Managing Agent
415 Mission Street, 3rd Floor
San Francisco, CA 94105

Xinvisio
Attn: Managing Agent
312 Silver Creek Trail
Chapel Hill, NC 27514

NC Services for Dentistry, Inc.
Attn: Managing Agent
1600 Evans Road
Cary, NC 27513

SBP Office Owner, LP
Attn: Managing Agent
PO Box 936799
Atlanta, GA 31193-6799

Xinvisio, LLC
Attn: Managing Agent
312 Silver Creek Trl
Chapel Hill, NC 27514

NuRay
1F S. Bldg, No.6 Bldg
No.1668 Huacheng Rd.,
Jintan Changzhou, Jiangsu 213200,

Southport Business Park
Attn: Managing Agent
PO Box 936799
Atlanta, GA 31193

Patterson Dental Supply Inc
Attn: Managing Agent
1031 Mendota Heights Road
Saint Paul, MN 55120

Special Springs LLC
7707 Ronda Drive
Canton, MI 48187

Phase2 Creative, LLC
Attn: Managing Agent
9208 Clint Avenue
Amarillo, TX 79119

State of NJ
Attn: Managing Agent
PO Box 929
Trenton, NJ 08646

Poskom
8th Floor, Poskom Tower
227 Sowon-Ro Deogyang-Gu, Goyang,
Gyeonggi-Do Korea

Talus
Attn: Managing Agent
2816 South Adams Street
Denver, CO 80210

PropelPLM, Inc.
Attn: Managing Agent
835 Main Street
Redwood City, CA 94063

Thunderbird Molding
Attn: Managing Agent
L-4311
Columbus, OH 43260

**United States Bankruptcy Court
Eastern District of North Carolina**

In re **Surround Medical Systems, Inc.**

Debtor(s)

Case No.

Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Surround Medical Systems, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

X-Ray Project LLC
P.O. Box 2067
Greenville, NC 27836

Xintek, Inc.
312 Silver Creek Trl
Chapel Hill, NC 27514

☐ None [*Check if applicable*]

October 25, 2024

Date

/s/ Jason L. Hendren

Jason L. Hendren

Signature of Attorney or Litigant
Counsel for **Surround Medical Systems, Inc.**

Hendren, Redwine & Malone, PLLC

4600 Marriott Drive

Suite 150

Raleigh, NC 27612

(919) 420-7867 Fax:(919) 420-0475

jhendren@hendrenmalone.com